



Indiana
Department
of
Health

Update for Post-Acute Care Clinicians

April 2023

Spotlight

***Candida auris* (*C. auris*) is spreading at an alarming rate**

Candida auris (*C. auris*), an emerging fungus considered an urgent antimicrobial resistance (AR) threat, spread at an alarming rate in U.S. healthcare facilities in 2020-2021, according to data from the Centers for Disease Control and Prevention (CDC) published in the *Annals of Internal Medicine*. Equally concerning was a tripling in 2021 of the number of cases that were resistant to echinocandins, the antifungal medicine most recommended for treatment of *C. auris* infections. In general, *C. auris* is not a threat to healthy people.

People who are very sick, have invasive medical devices, or have long or frequent stays in healthcare facilities are at increased risk for acquiring *C. auris*. CDC has deemed *C. auris* as an urgent AR threat, because it is often resistant to multiple antifungal drugs, spreads easily in healthcare facilities, and can cause severe infections with high death rates.

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COVID-19 Update

Vaccine Guidance Simplified

The Centers for Disease Control and Prevention (CDC) has simplified its COVID-19 vaccine [recommendations](#) following updated [authorization](#) by the U.S. FDA earlier this week.

Updates to the Interim Clinical Considerations for the Use of COVID-19 Vaccines are available on the CDC's [Advisory Committee on Immunization Practices website](#). A Clinician Outreach and Communication Activity (COCA) [call](#) is planned for May 11.

These changes include:

- Allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older as well as an additional dose for people who are immunocompromised. This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed.
- Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the United States and is no longer authorized by the FDA.
- CDC recommends that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.
- Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.
- For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received.
- Alternatives to mRNA COVID-19 vaccines remain available for people who cannot or will not receive an mRNA vaccine. CDC's recommendations for use of (monovalent) Novavax or Johnson & Johnson's Janssen COVID-19 vaccines were not affected by the changes.

CDC now recommends the use of bivalent vaccine for all recommended mRNA COVID-19 vaccine dose(s). To minimize the risk of administration error, providers should:

1. Remove all monovalent mRNA vaccine from storage units immediately, even if they are not expired. This includes both EUA and BLA products (Comirnaty and Spikevax)
2. Dispose of **all monovalent mRNA COVID-19 vaccine vials** in accordance with local, state and federal regulations.
3. Report all disposed inventory as wastage.

CDC and ACIP will continue to monitor COVID-19 disease levels and vaccine effectiveness in the months ahead and look forward to additional discussion around potential updates this fall.

Clinician Calls

Join Monthly Webinars with CMO Dr. Lindsay Weaver

Chief Medical Officer Lindsay Weaver, M.D., FACEP, provides monthly the latest updates on prevailing clinical and public health concerns on statewide clinician call. Please send an email to [Tami Barrett](#) if you would like to receive an invitation to join the webinars. If you are unable to attend the live webinar, you will have the opportunity to review the slides after each webinar as they will be emailed to you. The 2023 webinars are planned on the following dates: April 28, May 26, June 30, July 28, Aug. 25, Sept. 29, Oct. 27 and Dec. 1.

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